2019 Community Health Needs Assessment

Kaiser Foundation Health Plan of Washington

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Kaiser Permanente Washington Region Community Benefit CHNA Report

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I. Introduction/background

A. About Kaiser Permanente (KP)

Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of health care. Among the innovations Kaiser Permanente has brought to U.S. health care are:

- Prepaid health plans, which spread the cost to make it more affordable
- A focus on preventing illness and disease as much as on caring for the sick
- An organized, coordinated system that puts as many services as possible under one roof—all connected by an electronic medical record

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve more than 12 million members in nine states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Care for members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

B. About Kaiser Permanente Community Health

For more than 70 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grantmaking to pair financial resources with medical research, physician expertise, and clinical practices. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at KP or by our safety net partners with integrated clinical and social services;
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets; and
- Advancing the future of community health by innovating with technology and social solutions.

For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. And we've conducted Community Health Needs Assessments to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

C. Purpose of the Community Health Needs Assessment (CHNA) Report

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, included new requirements for nonprofit hospitals in order to maintain their tax-exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the new regulations is a requirement that all nonprofit hospitals must conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) every three years (http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf). The required written IS plan is set forth in a separate written document. Both the CHNA Report and the IS for each Kaiser Foundation Hospital facility and/or region are available publicly at https://www.kp.org/chna.

D. Kaiser Permanente's approach to Community Health Needs Assessment

Kaiser Permanente has conducted CHNAs for many years, often as part of long standing community collaboratives. The new federal CHNA requirements have provided an opportunity to revisit our needs assessment and strategic planning processes with an eye toward enhanced compliance and transparency and leveraging emerging technologies. Our intention is to develop and implement a transparent, rigorous, and whenever possible, collaborative approach to understanding the needs and assets in our communities. From data collection and analysis to the identification of prioritized needs and the development of an implementation strategy, the intent was to develop a rigorous process that would yield meaningful results.

Kaiser Permanente's innovative approach to CHNAs include the development of a free, web-based CHNA data platform that is available to the public. The data platform provides access to a core set of approximately 120 publicly available indicators to understand health through a framework that includes social and economic factors, health behaviors, physical environment, clinical care, and health outcomes.

In addition to reviewing the secondary data available through the CHNA data platform, and in some cases other local sources, each KFH facility and/or region, individually or with a collaborative, collected primary data through key informant interviews, focus groups, and surveys. Primary data collection consisted of reaching out to local public health experts, community leaders, and residents to identify issues that most impacted the health of the community. The CHNA process also included an identification of existing community assets and resources to address the health needs.

Each hospital/collaborative developed a set of criteria to determine what constitutes a health need in their community. Once all the community health needs were identified, they were prioritized, based on identified criteria. This process resulted in a complete list of prioritized community health needs. The process and the outcome of the CHNA are described in this report.

In conjunction with this report, Kaiser Permanente Washington will develop an implementation strategy for the priority health needs the hospital will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The Implementation Strategy will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the Implementation Strategy, once they are finalized, will be posted publicly on our website, https://www.kp.org/chna.

II. Community served

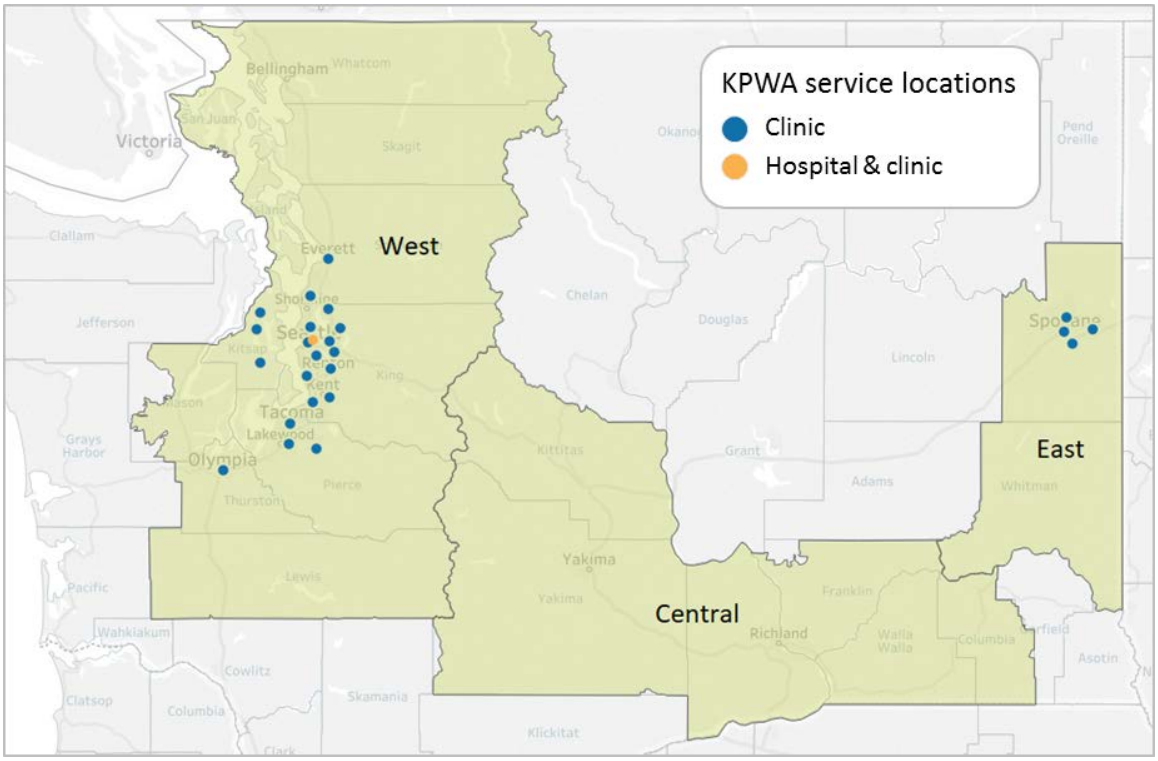
A. Kaiser Permanente's definition of community served

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area and in the Kaiser Permanente Washington region, the counties where Kaiser Permanente members live. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Map and description of community served

i. Map

Kaiser Permanente Washington region service areas and locations



ii. Geographic description of the community served

The Kaiser Permanente Washington region includes 19 of the state's 39 counties in three service areas:

- West service area: Island, King, Kitsap, Lewis, Mason, Pierce, San Juan, Skagit, Snohomish, Thurston, and Whatcom counties
- Central service area: Benton, Columbia, Franklin, Kittitas, Walla Walla, and Yakima counties
- East service area: Spokane and Whitman counties

With most counties lying along the I-5 corridor, the West service area is the most urban and densely populated. The Central and East service areas are more rural, with several population centers. Major cities are Seattle, Tacoma, Bellevue, Kent, and Everett in the West service area, Yakima and the Tri-Cities (Kennewick, Pasco, and Richland) in the Central service area, and Spokane, Spokane Valley, and Pullman in the East service area.

The total population of the KPWA region is 6,103,015, which is 86 percent of the state's total population. Around three-quarters of the region's population is white. The Central service area has proportionately the largest Hispanic population; it is also the youngest service area. The East service area has the highest white population and is the oldest, and the West service area is the most racially diverse.

iii. Demographic profile of the community served

Demographic profile: Kaiser Permanente Washington region

Race/ethnicity		Socioeconomic data	
Total Population	6,103,015	Living in poverty (<100% federal poverty level)	12.6%
Race		Children in poverty	16.2%
Asian	8.6%	Unemployment	4.3%
Black	4.0%	Adults with no high school diploma	8.9%
Native American/Alaska Native	1.2%		
Pacific Islander/Native Hawaiian	0.7%		
Some other race	3.6%		
Multiple races	5.5%		
White	76.4%		
Ethnicity			
Hispanic	11.5%		
Non-Hispanic	88.5%		

The leading causes of death in the KPWA region are cancer and heart disease. Causes and age-adjusted rates for each county in the region are in Appendix E.

III. Who was involved in the assessment?

A. Identity of hospitals and other partner organizations that collaborated on the assessment

Kaiser Permanente Washington conducted this CHNA independently. However, the report incorporates information from the King County Community Health Needs Assessment 2018/2019, published by King County Hospitals for a Healthier Community, a hospital/public health coalition of which KPWA is a member.

In addition, Victoria Garcia, a community health manager for KPWA Community Health, has participated in priority setting exercises with several collaboratives outside of King County, including The Edge of Amazing (Snohomish County). We also considered priorities identified by other collaboratives in our region, such as The Edge of Amazing (Snohomish County), Priority Spokane (Spokane County), Kitsap Community Health Priorities (Kitsap County), Thurston Thrives (Thurston County), Pierce County Community Health Improvement Plan (Pierce County), and the 2018 Washington State Health Assessment.

B. Identity and qualifications of consultants used to conduct the assessment

The Center for Community Health and Evaluation (CCHE) provided support with secondary and primary data collection, data analysis, and the writing of this report. For over 25 years CCHE has provided evaluation, assessment, and strategic consulting services to foundations and health organizations to improve community health. CCHE brings experience conducting tailored needs assessments and engaging stakeholders to conduct planning and to prioritize strategies based on data. CCHE is part of Kaiser Permanente Washington Health Research Institute.

IV. Process and methods used to conduct the CHNA

A. Secondary data

i. Sources and dates of secondary data used in the assessment

Kaiser Permanente Washington used the Kaiser Permanente CHNA Data Platform (http://www.chna.org/kp) to review 120 indicators from publicly available data sources.

KPWA also used additional data sources beyond those included in the CHNA Data Platform. For details on specific sources and dates of the data used, please see Appendix A.

ii. Methodology for collection, interpretation, and analysis of secondary data

Kaiser Permanente's CHNA Data Platform is a web-based resource provided to our communities as a way to support community health needs assessments and community collaboration. This platform includes a focused set of community health indicators that allow users to understand what is driving health outcomes in particular neighborhoods. The platform provides the capacity to view, map and analyze these indicators as well as understand racial/ethnic disparities and compare local indicators with state and national benchmarks. If individual KPWA region, service area, or county-level data were not available for any indicator, state level values were used.

As described in section IV.A.i above, KPWA also leveraged additional data sources beyond those included in the CHNA Data Platform. These sources included death statistics from the Washington State Department of Health (DOH), as well as need profiles in the DOH State Health Assessment for 2018. Other sources on Washington state data include the Department of Commerce's Point in Time Count of homeless individuals, Schoolhouse Washington's profile of homeless students, the Washington State Violent Death Reporting System, and the Washington Tracking Network for data on climate and health. In addition, CCHE used Public Health–Seattle & King County's Community Health Indicators for insights on geographic and racial/ethnic disparities in King County, Washington's largest county. The federal Health Resources & Services Administration was the source for data on health professional shortage areas. We also used other national sources to provide perspective on local health needs and health indicators, including New York University's City Health Dashboard, the Princeton University Eviction Lab, The Sentencing Project, and the NORC/USDA Opioid Misuse Community Assessment Tool.

B. Community input

i. Description of who was consulted

Community input was provided by a broad range of community members using key informant interviews, focus groups, and community events. Individuals with the knowledge, information, and expertise relevant to the health needs of the community were consulted. These individuals included representatives from state, local, tribal, or other regional governmental public health departments (or equivalent department or agency) as well as leaders, representatives, or members of medically underserved, low-income, and minority populations. Additionally, where applicable, other individuals with expertise of local health needs were consulted. For a complete list of individuals who provided input, see Appendix B.

ii. Methodology for collection and interpretation

Key informant interviews: CCHE consulted with key individuals at the local, regional, and state levels to understand the landscape of health needs in the KPWA service area. This included stakeholders at public health departments, state agencies, and nonprofit organizations representing a variety of interests. Conversations with key informants were guided by an interview protocol (see Appendix F) and interview responses were categorized into themes. The strength of each theme was characterized by the number of interviews that mentioned the topic.

Community Resource Specialist focus group: CCHE and KPWA convened a virtual focus group of nine Kaiser Permanente Washington Community Resource Specialists (CRSs). CRSs located in KPWA primary care clinics across the state support patients to reach their health goals, in part through connections with community resources. The CRS focus group was guided by a conversation protocol (see Appendix F) and responses were categorized into themes. The strength of each theme was characterized by the number of participants that mentioned or corroborated the issue.

Photo storytelling via Instagram: KPWA conducted a month-long online photo submission campaign to solicit information on health needs and assets from the general public. Using the Instagram social media platform, KPWA encouraged individuals to share photos and captions identifying what makes their community healthy or highlighting a community health need (https://www.kpwacommunity.org; see Appendix G for examples). Community members tagged their photos with locations across the state. Photo posts were then categorized into themes and the strength of each theme was characterized by the number of corresponding posts.

Community events: CCHE and KPWA designed a community engagement activity to garner resident perspectives at local events where members of the public were welcome. The activity included two posters (one each in English and Spanish) depicting a variety of health areas (see Appendix G). Community residents were invited to place up to three sticky dots in each of the areas they perceived made their community healthy. They were also encouraged to add health areas they felt were missing. The sticky dots were then tallied within the various health need areas.

Themes from each primary data collection method was then input into the KPWA health need prioritization matrix (see Section V.B). Community input influenced this report by elevating the importance of health need areas such as Economic Security and Mental Health.

C. Written comments

Kaiser Permanente Washington provided the public an opportunity to submit written comments on the region's previous CHNA report through communityhealth.wa@kp.org. Going forward, the email address, CHNA-communications@kp.org will continue to allow for written community input on the region's most recently conducted CHNA report. As of the time of this CHNA report development, KPWA had not received written comments about previous CHNA reports. KPWA will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate staff.

D. Data limitations and information gaps

The KP CHNA data platform includes approximately 120 secondary indicators that provide timely, comprehensive data to identify the broad health needs faced by a community. However, there are some limitations with regard to these data, as is true with any secondary data. Some data were only available at a county level, making assessment of health needs at a neighborhood level challenging. Furthermore, disaggregated data around age, ethnicity, race, and gender are not available for all data indicators, which limited the ability to examine disparities of health within the community. Lastly, data are not always collected on a yearly basis, meaning that some data are several years old, and some indicators may not accurately measure a health factor or outcome. Also, because most of the state's population lives in the West service area, values for indicators are often similar to state averages, making it difficult for needs to emerge at a service area level.

V. Identification and prioritization of the community's health needs

A. Identifying community health needs

i. Definition of "health need"

For the purposes of the CHNA, Kaiser Permanente defines a "health need" as a health outcome and/or the related conditions that contribute to a defined health need. Health needs are identified by the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data.

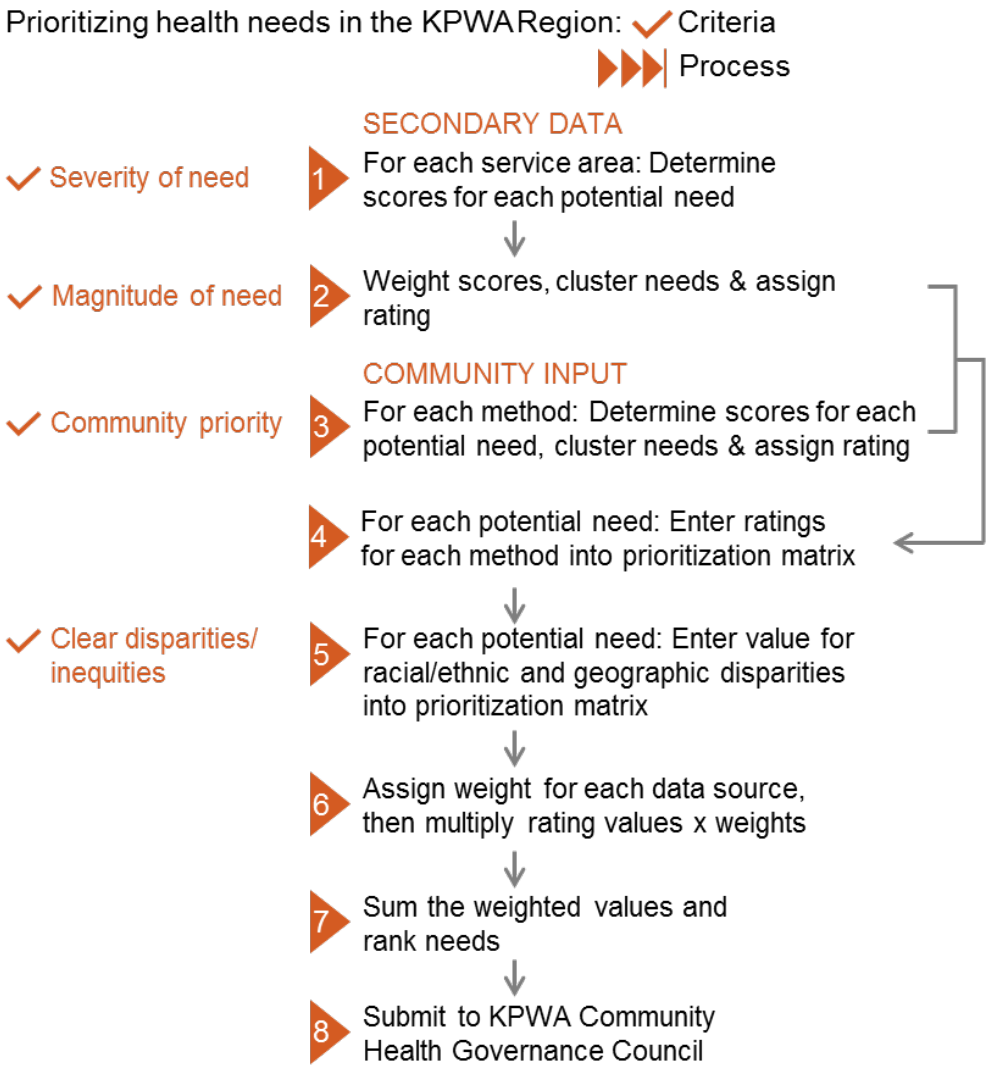
ii. Criteria and analytical methods used to identify the community health needs

To identify the community's health needs, CCHE and KPWA Community Health analyzed secondary data on 120 health indicators and gathered community input. (See Appendix A and Appendix B for details.) Following data collection, CCHE and Community Health followed the process below to identify which health needs were significant.

B. Process and criteria used for prioritization of health needs

Required criteria:
Before beginning the prioritization process, KPWA chose a set of criteria to use in prioritizing the list of health needs. The criteria were:

- **Severity of need:** This refers to how severe the health need is (such as its potential to cause death or disability) and its degree of poor performance against the relevant benchmark.
- **Magnitude/scale of the need:** The magnitude refers to the number of people affected by the health need.
- **Clear disparities or inequities:** This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- **The community prioritizes the issue over other issues:** Community priority refers to the frequency with which the community expressed concern about certain health outcomes over others during the CHNA primary data collection.



Process:

1. Indicators in the CHNA Data Platform were clustered into 13 potential needs, such as access to care, economic security, and mental health (an indicator could be included in more than need category). In each of the three KPWA service areas, values for each indicator were compared with the state benchmark and standardized. Scores were assigned to each need category based on how many indicators for each need were performing "worse" than the benchmark, with a minimum score of 1 and maximum of 5.
2. Each service area was assigned a scoring weight, based on population size and number of KPWA facilities in the area (West: 10, Central: 1, East: 3). The weights were multiplied by the need category scores to obtain a KPWA region weighted score for each need. These were ranked—highest to lowest—and clustered and assigned a rating on a scale of 1-4 (4: very high need, 3: high, 2: medium, 1: lower).
3. For primary data, need scores were determined for each community input method, based on strengths of themes that emerged (see Section IV.b.ii). These were ranked—highest to lowest—and clustered and assigned a need rating as above.

4. For each potential need, ratings for the secondary data and each community input method were entered into a prioritization matrix.
5. To take into account disparities, a value of 1 was assigned for each need if there were clear racial/ethnic disparities and a value of 1 if there were clear geographic disparities associated with the need; these were entered in separate columns in the prioritization matrix.
6. Each data source was assigned a weight based on rigor of the method and other considerations (1-4; least to most rigorous). For each potential need and method, the rating was multiplied by the weight.
7. Weighted values for each potential need were summed and ranked—highest to lowest—to determine the priority needs.
8. The prioritized list of health needs was sent to the KPWA Community Health Governance Council to review and endorse.

C. Description of prioritized community needs identified through the CHNA

1: Economic security. Social and economic conditions are strongly associated with health, including income, education, food security, and stable housing in good condition. In the KPWA region there is a critical shortage of affordable rental housing, especially in the Puget Sound area, and homelessness is on the rise, with more people unsheltered in 2018 than in 2017. Homelessness among students is at an all-time high—nearly 41,000 statewide (the count includes those "doubling up" with friends and relatives), and these students are more likely to miss days of school and fail to graduate on time.

Persistent economic disparities are evident in certain communities and neighborhoods in all three KPWA service areas, including poverty, low levels of education, and paying a high percentage of income on housing. People of color in the KPWA region face the greatest economic challenges, especially blacks, American Indians and Alaska Natives, Hispanics, and Native Hawaiians and Pacific Islanders. Among those groups, as much as 35 percent of children live in households with poverty-level incomes—three times the rate of Asians and whites. Youth service providers in the region expressed a need to improve graduation rates among nonwhite students, particularly black boys, who are disproportionately incarcerated.

Several key informants mentioned institutional and structural racism as a key factor that affects the ability of all members of a community to lead a healthy life, describing it as "a catalyst for the poverty that limits other opportunities related to health." Federal home lending policies that restricted mortgage access to people of color are reflected in health outcomes today in cities like Seattle.

2: Mental health. Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school, and ability to participate fully in family and community activities. In Washington state, income and poverty are related to mental health—people with higher incomes report better mental health and higher levels of social support. Statewide there is a gap between need for mental health care and resources to meet that need. Except for King, Pierce, and southwest Snohomish counties, the entire KPWA region has been designated a Health Professional Shortage Area (HPSA) for mental health by the Health Resources and

Services Administration, with the Central service area having the lowest per capita number of mental health providers.

Suicide is the 8th leading cause of death in the KPWA region. Depression and other mental health issues are leading suicide factors, and over a third of those who commit suicide in Washington also have issues with unhealthy substance use. Suicide prevention is seen as a severe need among youth and in tribal communities. Rates of "deaths of despair"—those related to substance use or suicide—vary throughout the KPWA region and generally are higher in rural counties. Most communities of color in Washington are more likely to report poor mental health. In King County, all nonwhite groups report having less social support than whites.

3: Access to care. Access to comprehensive, quality health care services—including having insurance, local care options, and a usual source of care—is important for ensuring quality of life for everyone. In the KPWA region, 9.6 percent of the population is uninsured. The uninsurance rate is highest in the Central service area—14.6 percent (percentages are for a five-year period that includes years before the ACA was fully implemented). Native American, Hispanic, Native Hawaiian/Pacific Islander, and black residents are more likely to lack coverage than whites or Asians. Uninsurance rates are generally low among children, except for Native American children.

Fears associated with immigration and documentation status are reported as barriers to accessing health care. A lack of providers of color and of sensitivity in care delivery are also seen as hindrances to getting connected to health services. All of the KPWA region has been designated a primary care HPSA, except for the urban areas along the I-5 corridor in King, Pierce, and Snohomish counties. The Central service area has much fewer primary care physicians per capita than the West and East service areas. Transportation is another barrier to access, especially as people seeking affordable housing move further away from services.

4: Healthy eating & active living. The physical environment of a community—such as availability of affordable, fresh food and safe places to be physically active—affects residents' ability to exercise, eat a healthy diet, and a maintain a healthy body weight. In the KPWA region, approximately a quarter of adults are obese; obesity rates are lowest in the West service area and approaching 30 percent in the Central service area, where rates of physical inactivity are also high. In general, rural areas in the region, particularly in the Central service area, have fewer walkable destinations or convenient parks and recreational facilities. People in these areas also live further away from grocery stores and supermarkets that stock healthy foods. Some urban neighborhoods lack convenient food access as well, especially where there are more low-income residents and communities of color.

5: Unhealthy substance use. Substance abuse (including tobacco and alcohol) has a major impact on individuals, families, and communities. People interviewed with experience in substance abuse prevention note that alcohol continues to be the number one substance misused in Washington, including by youth. Rates of excessive drinking are highest in the West service area.

Opioid misuse is a major concern in the state—in 2016, two-thirds of drug overdose deaths in Washington involved an opioid. The highest rates of opioid deaths are in Mason, Skagit, and

Snohomish counties and in some KPWA counties may be associated with high rates of unemployment, disability, and an economy based on jobs with potential for injury.

While smoking rates are relatively low—cigarette smoking has been steadily declining for over 25 years in Washington—there are increasing concerns about e-cigarette usage among teenagers, especially boys. Smoking rates are lower than the state average in the West service area and higher in the East and Central service areas.

6: Climate and health. Climate change and particulate air pollution from burning fossil fuels are recognized as urgent threats to the health of the planet and its inhabitants. While energy production is the primary source of particulate pollution, vehicle emissions contribute as well. Currently around 72 percent of workers in the KPWA region drive alone to work (36 percent driving alone long distances).

Air pollution levels are comparatively high in the East service area, including agriculture-related pollution; farmworkers are particularly susceptible to pesticide exposure. One of the consequences of climate change is longer and more deadly forest fire seasons in eastern and central Washington, which create unhealthy air quality on both sides of the Cascade mountains. Wildfires can disproportionately affect people with limited understanding of English who may not understand evacuation warnings.

D. Community resources potentially available to respond to the identified health needs

The service area for Kaiser Permanente Washington contains community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations engaged in addressing many of the health needs identified by this assessment.

Key resources available to respond to the identified health needs of the community are listed in Appendix D Community Resources.

VI. Kaiser Permanente Washington 2016-18 Implementation Strategy evaluation of impact

A. Purpose of 2016-18 Implementation Strategy evaluation of impact

Kaiser Permanente Washington's 2016-18 Implementation Strategy Report was developed to identify activities to address health needs identified in the 2016-18 CHNA. This section of the CHNA Report describes and assesses the impact of these activities. For more information on KPWA's Implementation Strategy Report, including the health needs identified in the region's 2016 service area, the health needs the region chose to address, and the process and criteria used for developing Implementation Strategies, please visit https://wa.kaiserpermanente.org/static/pdf/public/about/chna-2016-strategy.pdf. For reference, the list below includes the 2016-18 CHNA health needs that were prioritized to be addressed by KPWA in the 2016-18 Implementation Strategy Report.

1. Uninsured and unmet medical needs
2. Depression and mental illness
3. Obesity, physical inactivity, unhealthy diet, high blood pressure, high blood cholesterol

KPWA has monitored and evaluated progress to date on its 2016-18 Implementation Strategies for the purpose of tracking the implementation and documenting the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships, and KFH in-kind resources. In addition, KPWA tracks outcomes, including behavior and health outcomes, as appropriate and where available.

The impacts detailed below are part of a comprehensive measurement strategy for Community Health. KP's measurement framework provides a way to 1) represent our collective work, 2) monitor the health status of our communities and track the impact of our work, and 3) facilitate shared accountability. We seek to empirically understand two questions 1) how healthy are Kaiser Permanente communities, and 2) how does Kaiser Permanente contribute to community health? The Community Health Needs Assessment can help inform our comprehensive community health strategy and can help highlight areas where a particular focus is needed and support discussions about strategies aimed at addressing those health needs.

For this CHNA Report, KPWA includes evaluation of impact information on activities from 2017 and 2018. These data help us monitor progress toward improving the health of the communities we serve. KPWA will continue to monitor impact for strategies implemented in 2019.

B. 2016-18 Implementation Strategy evaluation of impact overview

In the 2016-18 IS process, all KFH hospital facilities and regions planned for and drew on a broad array of resources and strategies to improve the health of our communities and vulnerable populations, such as grantmaking, in-kind resources, collaborations and partnerships, as well as several internal KFH and KPWA programs including, charitable health coverage programs, future health professional training programs, and research. Based on years 2017 and 2018, an overall summary of these strategies is below, followed by tables highlighting a subset of activities used to address each prioritized health need.

KFH and KPWA programs: From 2017-2018, KFH and KPWA supported several health care and coverage, workforce training, and research programs to increase access to appropriate and effective health care services and address a wide range of specific community health needs, particularly impacting vulnerable populations. These programs included:

- Medicaid: Medicaid is a federal and state health coverage program for families and individuals with low incomes and limited financial resources. KFH provided services for Medicaid beneficiaries, both members and non-members.
- Medical Financial Assistance: The Medical Financial Assistance (MFA) program provides financial assistance for emergency and medically necessary services, medications, and supplies to patients with a demonstrated financial need. Eligibility is based on prescribed levels of income and expenses.
- Workforce Training: Supporting a well-trained, culturally competent, and diverse health care workforce helps ensure access to high-quality care. This activity is also essential to making progress in the reduction of health care disparities that persist in most of our communities.
- Research: Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and epidemiological and translational studies on health care that are

generalizable and broadly shared. Conducting high-quality health research and disseminating its findings increases awareness of the changing health needs of diverse communities, addresses health disparities, and improves effective health care delivery and health outcomes

Grantmaking: For 70 years, Kaiser Permanente has shown its commitment to improving community health through a variety of grants for charitable and community-based organizations. Successful grant applicants fit within funding priorities with work that examines social determinants of health and/or addresses the elimination of health disparities and inequities. From 2017-2018, KPWA awarded 146 number of grants amounting to a total of $7,807,919.

In-kind resources: In addition to our significant community health investments, Kaiser Permanente is aware of the significant impact that our organization has on the economic vitality of our communities as a consequence of our business practices including hiring, purchasing, building or improving facilities, and environmental stewardship. We will continue to explore opportunities to align our hiring practices, our purchasing, our building design and services and our environmental stewardship efforts with the goal of improving the conditions that contribute to health in our communities. From 2017-2018, KPWA leveraged significant organizational assets, including:

- KPWA is accelerating our investments to ensure 100 percent of our power statewide comes from sustainable, carbon free sources by 2020 and to be carbon positive by 2025.
- As a partner in the Puget Sound Energy Green Direct program, KPWA has committed to expand our portfolio of wind energy to achieve 97 percent renewable energy by 2021 and 100 percent in 2022.
- Ongoing efforts to promote environmental stewardship has:
    - Recycled 34.2 tons of plastic from our Pharmacy Fulfillment Center
    - Saved 806,322 pages of paper from being printed in 2017
    - Built the Puyallup Medical Center as a certified LEED Gold building, the first in the nation to be certified under the LEED for Healthcare rating system
- Susan Mullaney, KPWA's President, is a member of Governor Jay Inslee's Career Connected Washington Task Force. The goal of this task force is to connect 100,000 Washington youth with career-connected learning opportunities that prepare them for high-demand, high wage jobs. Under the umbrella of Career Connect WA, a broad group of stakeholders led by KPWA started meeting in the Spring of 2018 to develop solutions around:
    - Improving the talent pipeline with a deeper and more diverse pool of local talent who are work-ready and trained with relevant career skills.
    - Addressing gaps in education and contributing towards the Governor's goal of Washington state students earning a postsecondary credential by age 26 from 31% to 70% by 2030.
    - Tackling inequities and opportunity gaps for students of color and students living in poverty.
    - Impacting economic development by providing opportunities for residents to earn a living wage who will then reinvest their earnings in their local economies.

- Many KPWA leaders and staff serve on boards of directors of local community organizations and sit on legislative committees and workgroups, including the Washington State Telemedicine Collaborative, Washington State Health Insurance Pool**,** Medicare Evidence Development & Coverage Advisory Committee, National Vaccine Committee, Washington Health Alliance Board, and more.
- KPWA is joined by UW Medicine, MultiCare Health System, and Swedish along with SEIU Healthcare 1199NW, OPEIU Local 8, and UFCW21 to develop a Healthcare Apprenticeship Program with the State of Washington. Its goal is to strengthen the region's healthcare workforce while providing access to living-wage careers for low-income community members, people of color, and first-generation college students. This apprenticeship program will launch in 2019 with a Medical Assistant apprenticeship and will subsequently expand to other identified critical roles. Apprentices will complete 2,000 hours of on-the-job training at approved training sites which includes KPWA's Renton laboratory.

Collaborations and partnerships: Kaiser Permanente has a long legacy of sharing its most valuable resources: its knowledge and talented professionals. By working together with partners (including nonprofit organizations, government entities, and academic institutions), these collaborations and partnerships can make a difference in promoting thriving communities that produce healthier, happier, more productive people. From 2017-2018, KPWA engaged in several partnerships and collaborations, including:

- Our Educational Theatre Program focused on encouraging conflict resolution, examining the consequences of bullying, and reducing stigma about depression and anxiety. The program was offered in collaboration with Seattle Children's Theatre and has reached more than 35,000 students and their teachers in six counties in the 2017-18 and 2018-19 school years.
- Mental health and wellness in K-12 schools in Washington state was the topic of an environmental scan we commissioned in 2017 and have shared widely. The report is helping us engage with communities and organizations on how to respond to the greatest needs.
- We also collaborated on the Skykomish-Snohomish Rivers Trail development, which encourages physical activity and connects communities. Facilitated by Forterra, the project fosters a resilient environment and broad-based economic prosperity. It involves outreach and engagement with Native American and Latino populations.
- The Little Brook Youth Corps is digging in to help restore open space and grow green-job and leadership skills. We're supporting their efforts through the Lake City Neighborhood Alliance, which represents 26 local groups. This is a fresh approach to engaging a community through their children and rallying neighbors around long-term restoration of their surroundings. This area has many immigrant, low income, and traditionally marginalized residents. We're also working with other communities to explore how we can support learning that helps residents seeking living-wage careers. We are partnering with technical and community colleges, and apprenticeship programs, in these efforts.
- At YouthCare's Orion Center in Seattle, we provided health care to homeless youth through our family practice residency.
- We also helped fund a full-time resource at the Washington School-Based Health Alliance to provide guidance for communities interested in bringing clinics into their schools.

C. 2016-18 Implementation Strategy evaluation of impact by health need

Kaiser Permanente Washington Priority Health Needs

Need	Summary of impact	Top 3-5 Examples of most impactful efforts
Need #1: Uninsured and unmet medical needs	*During 2017 and 2018, KPWA provided 56 grants and sponsorships, investing $9,690,750 to address uninsured and unmet medical needs.* *We've also leveraged our care delivery system by approving 8,179 applications to our medical financial assistance program, amounting to $15,982,889 in medical financial assistance across Washington State.*	Reduce barriers to care: KPWA has provided over $1.27 million in grants and sponsorships to organizations working to reduce barriers that impede individuals' ability to seek and obtain health care. Through partnerships with Project Access Northwest, YWCA of King-Snohomish Counties, the Washington School Based Health Alliance, and others, we are supporting efforts to co-locate services, bringing health to shelters, schools, and community settings. Since 2016, we've partnered with Seattle Foundation to bring four days of free healthcare to thousands of un- and underinsured individuals at the Seattle-King County Clinic. Alongside a contribution of $219,869 in 2017 and $250,000 in 2018, KPWA has provided lab services, over 200 staff volunteers, and follow-up eye care. KPWA's Thriving Schools initiative has increased students' access to health services by investing $1,049,579 in school-based health centers (SBHCs)—eight of which are Teen Health Centers in the Seattle Public Schools, serving 2,228 youth in 2017 and 2018—and an additional three centers in Walla Walla, Tacoma, and Bethel school districts. SBHCs are open during the school year, available to all students, and provide health care and mental health counseling, regardless of a student's insurance or ability to pay.
		Improving capacity, readiness, and effectiveness of community-based organizations, community leaders, and residents: In 2017 and 2018, KPWA provided $7.84 million in capacity support to 31 organizations, recognizing the key role of organizations like NW Healthcare Response Network, Somali Health Board, and Lutheran Community Services Northwest in supporting the safety net.
		Bolster efforts in WA to expand and diversify the health care workforce: KPWA works alongside education and industry partners to support and initiate scholarship programs in the medical field for under-represented populations. In 2017, we provided $112,500 for 10 students to receive a Washington State Opportunity Scholarship and mentoring from KPWA health care professionals. We also launched a three-year, $736,320 partnership with Seattle Colleges to provide tuition, mentoring, and wraparound support services for 60 students to attend the Medical Assisting program at Seattle Vocational Institute.
		Leveraging Assets: The Medical Financial Assistance program supports un- or underinsured patients when their family income is at or below 300% of the Federal Poverty Guidelines and need help paying for their Kaiser Permanente medical care. One patient wrote: "I am 7 months pregnant [with] my 3rd child...single mother, sole provider without child support, bills stacking up... not sure how I will be able to cover the hospital costs...please consider these circumstances as you review my application." Her application was approved, and she received care at a KPWA clinic. In 2018, we approved more than 8,000 applications.

Need	Summary of impact	Top 3-5 Examples of most impactful efforts
Need #2: Depression and mental illness	*During 2017 and 2018, KFH WA provided over $3,1 million in support to address Mental Health in the KFH WA service area.* *KFH WA takes a comprehensive approach to improving mental health in schools and in the community by investing in activities at the strategic and system-wide levels.* *Additionally, we are maximizing our organizational resources in Washington to address this need by working closely with Behavioral Health Services, Community Resource Specialists, Government Relations and the clinical leadership and staff at our medical centers to support local initiatives to improve mental health in our communities.*	Mental health programs in schools: By contributing over $486,000 we helped improve the capacity of community partners such as Center for Human Services, Neighborhood House, Communities in Schools, National Alliance on Mental Illness (NAMI), Educational Service Districts 113 and 114, Renton Area Youth Services, and others to support youth and their families in addressing mental health. KPWA supported two programs at Forefront ($50,000) to build the capacity of schools to prevent suicide and provide outreach and support to individuals who are newly bereaved after a suicide. We also provided $90,000 to Educational Service District 101's Harm Prevention Model to train staff at 14 school districts to intervene when students become a threat to themselves or others, as well as evaluate the project to share learnings with other ESDs in the state.
		Community and healthcare providers education and coordination: To increase expertise of community providers to address mental health and prevent suicide we offer a Suicide Prevention online continuing medical education course free of charge to all healthcare providers. Over 9,300 healthcare providers completed the training from 2016 to 2018, totaling 55,992 credit hours.
		Stigma reduction and mental health awareness: Kaiser Permanente and Public Good Projects launched a multimedia campaign to reduce stigma in mental health. The campaign expands on KP's *Find Your Words* awareness campaign promoting conversations about depression.
		Partnerships: With over $2.4 million in grants and sponsorships, KPWA provided support to organizations focusing on strengthening upstream social, economic and environmental conditions to prevent and mitigate adverse childhood experiences through the scaling of effective peer, "lived-experience" models and increasing mental health services. Community partners include Crisis Connections, the Alliance for South Sound Behavioral Health, King County Sexual Assault Resource Center, ChildStrive, Childhaven, New Beginnings, Seattle Counseling Service, Yakima Neighborhood Health Services, TeamChild, Center for Children and Youth Justice, and others.

Need	Summary of impact	Top 3-5 Examples of most impactful efforts
Need #3: Obesity, physical inactivity, unhealthy diet, high blood pressure, high blood cholesterol	*During 2017 and 2018, KPWA provided 25 grants totaling $2,873,068 to address obesity, physical inactivity, unhealthy diet, high blood pressure, and high blood cholesterol in the KPWA service area.* *We've also leveraged our partnerships with KPWA Government Relations, Community Engagement, and Care Delivery to provide resources and advocate for healthy eating and physical activity.*	Park Enhancements & Policy: KPWA granted over $2.3 million to increase safe places to play and exercise. Through partnerships with the Trust for Public Land, Seattle Parks Foundation, Eastside Greenway Alliance, and several local municipalities KPWA is working with community members to improve 13 parks and open spaces in low-income neighborhoods in 5 cities. In 2017, fitness equipment was added to Georgetown Playfield, serving over 2,000 residents and Trust for Public Land's efforts raised $42 million to support the City of Lynnwood parks system, serving 37,000 residents. Healthy Eating: KPWA granted $378,100 to 12 community-led efforts dedicated to increasing access to healthy eating within the KPWA service area. Collaborating with FEEST, a youth development program, resulted in a student-driven advocacy campaign around water promotion and a new water filling station for 1,700 students at Seattle's Chief Sealth High School. In Spokane, KPWA's partnership with Second Harvest is expanding the distribution of fresh fruits and vegetables to ensure over 375,000 nutritious meals across nine counties, in addition to funding community education and staff training to encourage consumption of healthy food. Physical Activity: In 2017 and 2018, KPWA committed $362,068 in grant funding to support youth, adult and senior fitness programs at BikeWorks, Cascade Bicycle Club, Sound Generations, and the Get Moving Initiative, serving over 7,000 community members. With Sound Generations, KPWA also supported program operations of the evidence-based Enhance Fitness program in 52 sites and expanded to 3 new sites in Washington. Leveraging Assets: Departments across KPWA are contributing toward Healthy Eating Active Living goals. For example: • **Care Delivery:** Participated in the Fresh Bucks Rx Program providing 51 vouchers to low-income families for fruits and vegetables at participating farmers markets and neighborhood grocers in King County. • **Community Engagement:** Provided community activities at Farmer's Markets in 5 cities within the KPWA service area, along with Healthy Cooking Classes in Tacoma serving close to 120 participants in 2017 and 2018. • **Government Relations**: Provided 3 Letters of Support for funding applications dedicated to increasing safe places to play and exercise.

VII. Appendix

A. Secondary data sources and dates
    i. KP CHNA Data Platform secondary data sources
    ii. Other secondary data sources
B. Community Input Tracking Form
C. Health Need Profiles
D. Community resources [Optional if listed in body of report]
E. Leading causes of death
F. Primary data collection protocols
G. Examples of images gathered from community input

Appendix A. Secondary data sources and dates

i. Secondary sources from the KP CHNA Data Platform

	Source	Dates
1.	American Community Survey	2012-2016
2.	American Housing Survey	2011-2013
3.	Area Health Resource File	2006-2016
4.	Behavioral Risk Factor Surveillance System	2006-2015
5.	Bureau of Labor Statistics	2016
6.	California Department of Education	2014-2017
7.	California EpiCenter	2013-2014
8.	California Health Interview Survey	2014-2016
9.	Center for Applied Research and Environmental Systems	2012-2015
10.	Centers for Medicare and Medicaid Services	2015
11.	Climate Impact Lab	2016
12.	County Business Patterns	2015
13.	County Health Rankings	2012-2014
14.	Dartmouth Atlas of Health Care	2012-2014
15.	Decennial Census	2010
16.	EPA National Air Toxics Assessment	2011
17.	EPA Smart Location Database	2011-2013
18.	Fatality Analysis Reporting System	2011-2015
19.	FBI Uniform Crime Reports	2012-14
20.	FCC Fixed Broadband Deployment Data	2016
21.	Feeding America	2014
22.	FITNESSGRAM® Physical Fitness Testing	2016-2017
23.	Food Environment Atlas (USDA) & Map the Meal Gap (Feeding America)	2014
24.	Health Resources and Services Administration	2016
25.	Institute for Health Metrics and Evaluation	2014
26.	Interactive Atlas of Heart Disease and Stroke	2012-2014
27.	Mapping Medicare Disparities Tool	2015
28.	National Center for Chronic Disease Prevention and Health Promotion	2013
29.	National Center for Education Statistics-Common Core of Data	2015-2016
30.	National Center for Education Statistics-EDFacts	2014-2015
31.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2013-2014
32.	National Environmental Public Health Tracking Network	2014
33.	National Flood Hazard Layer	2011
34.	National Land Cover Database 2011	2011
35.	National Survey of Children's Health	2016
36.	National Vital Statistics System	2004-2015
37.	Nielsen Demographic Data (PopFacts)	2014
38.	North America Land Data Assimilation System	2006-2013
39.	Opportunity Nation	2017
40.	Safe Drinking Water Information System	2015
41.	State Cancer Profiles	2010-2014
42.	US Drought Monitor	2012-2014
43.	USDA - Food Access Research Atlas	2014

ii. Additional sources

	Source	Dates
1.	Washington State Department of Health Statistics [Death]	2015
2.	Washington State Department of Health, State Health Assessment	2018
3.	Washington State Department of Commerce, Annual Point in Time [Homeless] Count	2018
4.	Schoolhouse Washington, Students Experiencing Homelessness in Washington's K-12 Public Schools	2016-2017
5.	USDA & University of Chicago NORC, Opioid Misuse Community Assessment Tool	2012-2016
6.	Princeton University Eviction Lab	2016
7.	Public Health – Seattle & King County, Community Health Indicators	2011-2015
8.	King County Hospitals for a Healthier Community, King County CHNA	2018
9.	New York University Langone Health, City Health Dashboard	2015-2016
10.	King County Hospitals for a Healthier Community, LGBTQ Community Spotlight	2018
11.	The Sentencing Project	2015
12.	Washington Tracking Network	2013-2015
13.	Health Resources & Services Administration, Health Professional Shortage Areas	2018
14.	Health Resources Administration & American Academy of Family Physicians, UDS Mapper	2018
15.	Washington State Department of Health, Exploring WA State VDRS & Suicide	2015-2016
16.	U.S. Department of Agriculture, Low Income and Low Access Census Tracts	2015
17.	Washington State Department of Social and Health Services, Community Risk Profiles	2012-2016
18.	Washington State Office of Financial Management [insurance coverage]	2013-2016

Appendix B. Community input tracking form

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered
Organizations						
1	*Key Informant Interviews*	*Kitsap Public Health District; Tacoma-Pierce County Health Department; Snohomish County Human Services Department*	*3*	*Local health departments*	*Leaders & representatives*	*8/28/18, 8/29/18. 9/6/18*
2	*Key Informant Interviews*	*Accelerator YMCA; Latino Community Studies and Outreach Initiative, Washington State University Extension; Seattle Foundation; Southeast Seattle Education Coalition; Washington Association of Migrant and Community Health Centers*	*5*	*Community-based organizations and nonprofits; homeless youth & young adults; low-income; medically underserved; minority*	*Leaders & representatives*	*9/6/18, 9/12/18, 9/25/18*
3	*Key Informant Interviews*	*American Indian Health Commission for Washington State; Governor's Interagency Council on Health Disparities; Office of Juvenile Justice, Washington State Department of Social and Health Services; Washington State Department of Children, Youth, and Families; Washington State Health Care Authority*	*7*	*State departments; children, youth, & families; low-income; medically underserved; minority; rural; tribes*	*Leaders & representatives*	*8/23/18, 8/29/18, 9/4/18, 9/10/18*
4	*Focus group*	*Kaiser Permanente Washington Community Resource Specialists*	*9*	*Low-income*	*Representatives*	*10/8/18*
Community residents						
5	*Online photo submission*	*Photo storytelling via Instagram*	*41*	*General public*	*Members*	*August 2018*
6	*Community event*	*Yakima Neighborhood Health, Festival in the Parking Lot – Health Fair*	*175*	*Rural, minority, youth*	*Members*	*8/16/18*
7	*Community event*	*Kitsap Strong – Resiliency Summit*	*100*	*Educators, human service agency providers targeting children & families*	*Leaders, representatives, members*	*10/5/18*

Appendix C. Health Need Profiles

Economic security

Why it is important

Social and economic conditions are strongly associated with health: the higher an individual's income and wealth, the more likely that person is to have better health. Poor families are most likely to live in unsafe homes and neighborhoods, often with limited access to healthy foods, employment options, and quality schools. Education is another strong predictor of health: Better educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive. Other economic factors also affect health, including housing, employment, and food security. Economic security consistently emerged as a critical health issue in the region—despite low unemployment, economic insecurity is pervasive.

Economic security in the Kaiser Permanente Washington region

Many Washington families are struggling to meet basic needs, including affordable housing and enough food to eat. While unemployment is at a 10-year low of 4.3 percent—in part because of growth in the tech sector—the gap between the haves and have nots continues to widen. For example, King County has the region's highest median household income, $78,800 in 2016, yet in some neighborhoods the median income is less than half that amount. Many challenges related to economic security are greatest in Kaiser Permanente Washington's Central service area, including higher unemployment and poverty rates and relatively low levels of preschool enrollment, high school graduation, and college attendance.

	KPWA Service Area: West	Central	East
Population living in poverty	11%	18%	16%
Preschool enrollment	44%	31%	38%
On-time high school graduation	82%	76%	83%
Adults with some post-secondary education	73%	53%	70%
Unemployment	4.2	5.3	4.3

Source: American Community Survey, 2012-2016

Factors related to health

- Because of rapidly rising home prices in western Washington, many residents are forced to move to outlying areas that are far from services and difficult to access using public transit. Housing instability for renters is exacerbating the already precarious position of those living in poverty. Eviction rates are relatively low in Washington compared to other states; among the larger cities in the state they are highest in Everett and Spokane.[1]
- There is a growing shortage of affordable rentals throughout the Puget Sound region as people with higher incomes seek less expensive market rate housing outside the Seattle area. In some areas, such as Kitsap County, informants report that landlords are withdrawing properties from the federal subsidized housing program, resulting in a critical shortage for low-income families.
- Homelessness is on the rise, and more homeless people were unsheltered in 2018 than in 2017—47% of the estimated 20,000 homeless individuals living in the KPWA region.[2] Homelessness among students is at an all-time high—nearly 41,000 statewide (the count includes those "doubling up" with friends and

> We need to address all of the root causes; it's like a chair with three legs. They all affect the other and are not allowing families to operate at full potential.
>
> – State agency director

> Programs need to be more tied to key drivers of the region's economy so there is a pathway to a living wage.
>
> – Nonprofit organization leader

> You can't be healthy or be a success in school if you don't have a home.
>
> – Community resident, KPWA West service area

[1] Princeton University Eviction Lab
[2] Washington State Department of Commerce, Annual Point in Time [Homeless] Count

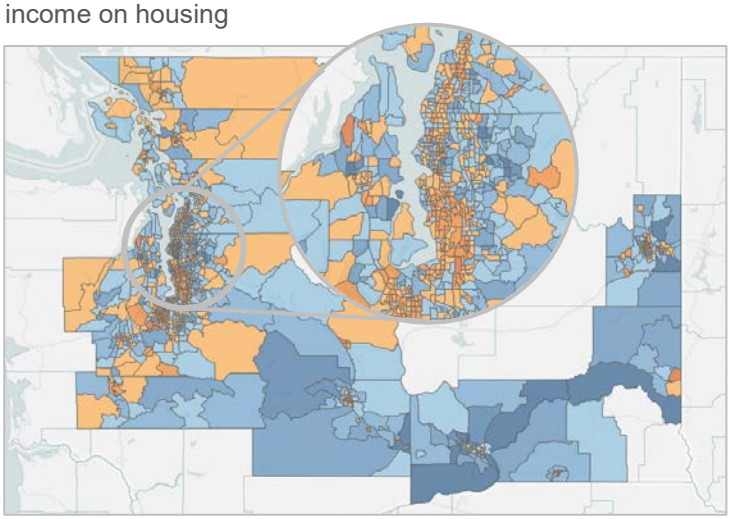
relatives). Homeless students are more likely to miss days of school and fail to graduate on time.[3]

- In KPWA urban public schools, absenteeism is highest for black and Hispanic students.[4] Key informants stressed the need to improve high school graduation rates among nonwhite students, who are disproportionately identified for involvement with the juvenile justice system—black and Native American youth in Washington are five times more likely to be in custody than their white peers.[5]
- Several key informants mentioned institutional and structural racism as a key factor that affects the ability of all residents of a community to lead a healthy life, i.e., "a catalyst for the poverty that limits other opportunities related to health." The legacy of redlining in the 1930s and 1940s—classification of neighborhoods to justify denial of mortgages to communities of color—is reflected today in health outcomes in some KPWA urban neighborhoods, including Seattle.

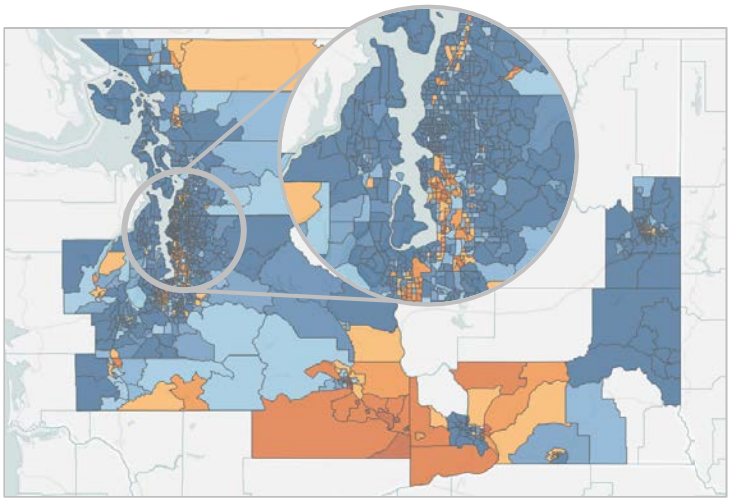
Health disparities in communities

Economic disparities are evident throughout KPWA region neighborhoods, notably south Seattle and King County, Tacoma and Pierce County, south Snohomish County, Spokane, and the Yakima and Tri-Cities areas in central Washington. The two maps below display how census tracts in the KPWA region compare with national percentages for cost burdened households and educational attainment.

Percentage of households paying more than 30% of income on housing



Percentage of adults without a high school diploma

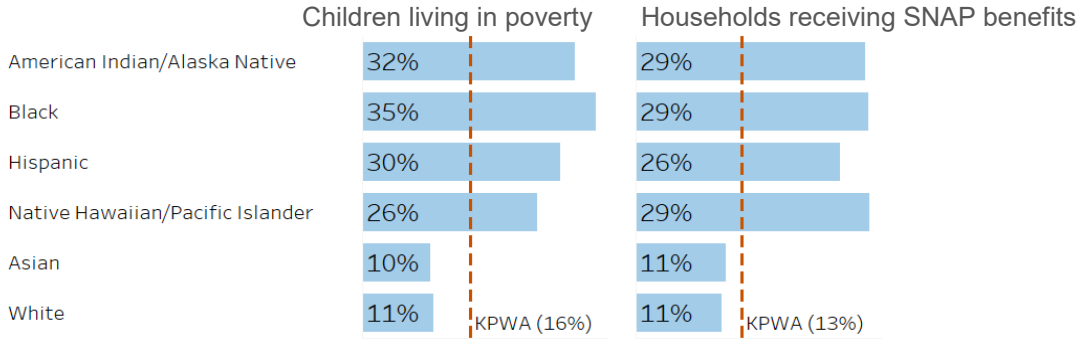


Compared to national average: *Higher* *Lower*

Source: American Community Survey, 2012-2016

Health disparities among people

Four groups in the KPWA region experience the greatest economic disparities: blacks, American Indians and Alaska Natives, Hispanics, and Native Hawaiians and Pacific Islanders.



SNAP: Supplemental Nutrition Assistance Program

Source: American Community Survey, 2012-2016

[3] Schoolhouse Washington, Students Experiencing Homelessness in Washington's K-12 Public Schools
[4] New York University Langone Health, City Health Dashboard
[5] The Sentencing Project

Mental health

Why it is important

Mental health affects all areas of life, including a person's physical wellbeing, ability to work and perform well in school, and ability to participate fully in family and community activities. People reporting poor mental health may have difficulties in daily life and be more likely to engage in risky behaviors. Individual social support and living in a socially connected neighborhood help protect both mental and physical health. Individuals with higher educational attainment and a job that pays well are more likely to have greater social support.

Mental health in the Kaiser Permanente Washington region

In Washington, women are more likely to report poor mental health, while men are more likely to commit suicide. Income and poverty are related to mental health—people with higher incomes report better mental health and higher levels of social support.[1] Statewide there is a gap between need for mental health care and resources to meet that need. Except for King, Pierce, and southwest Snohomish counties, the entire KPWA region has been designated by the Health Resources & Services Administration as a Health Professional Shortage Area (HPSA) for mental health.

Factors related to health

- Key informants cited a critical shortage of behavioral health resources, especially for communities of color and youth. Individuals from some cultural communities experience stigma related to mental health diagnoses, and there is a need for more culturally competent providers.
- Suicide is the 8th leading cause of death in the KPWA region. Around three-quarters of suicides are committed by males and firearms are involved in over 40% of suicides. Depression and other mental health issues are leading suicide factors, and over a third of those who commit suicide in Washington also have issues with unhealthy substance use.[2]
- A number of informants commented on the interrelated nature of mental and behavioral health with substance use, including opioids, as well as other morbidities. Suicide prevention is seen as a severe need in tribal communities.
- Many informants mentioned youth depression and suicidality, especially among Native Americans, as a major concern. Youth in detention are particularly likely to experience co-occurring mental health and chemical dependence needs. Suicides among youth age 17 and younger are most commonly related to family issues.[2]
- In King County, lesbian, gay, or bisexual adults and youth are twice as likely as heterosexuals to report poor mental health or depression. For many LGBTQ youth, lack of family support affects their mental health, self-esteem, and their ability to navigate the healthcare system.[3]
- Key informants repeatedly stressed the protective effects of strong family and community connections and the importance of having safe and welcoming places for people to gather.

> [There's a] lack of just in time behavioral health services. Behavioral health needs and conditions of despair are growing.
>
> – County agency director

> Suicides continue to be alarming…youth mental health [issues like] suicidality, hopelessness, are going up and not down. We need to get a handle on this. Far too many people are dying.
>
> – State agency leader

[1] Washington State Department of Health, 2018 Washington State Health Assessment
[2] Washington State Department of Health, Exploring WA State VDRS & Suicide
[3] King County Hospitals for a Healthier Community, LGBTQ Community Spotlight

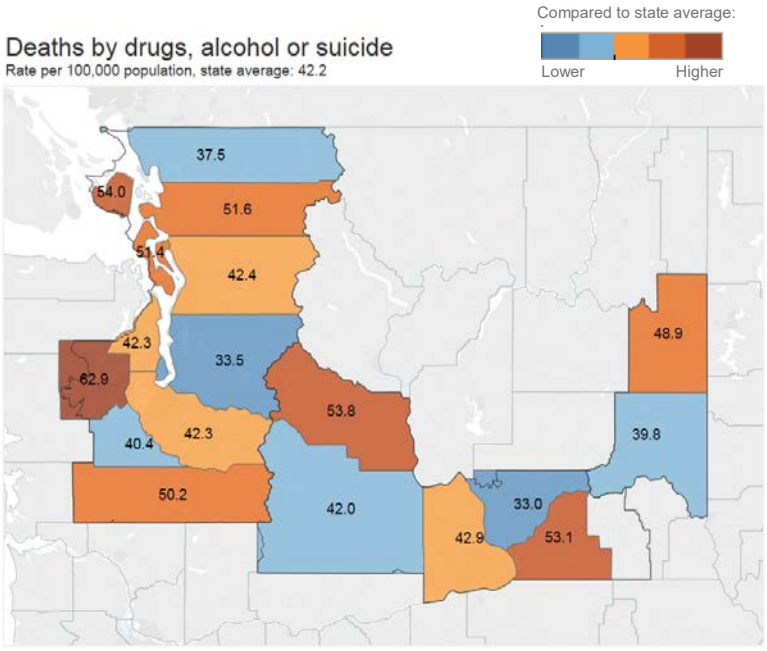
Health disparities in communities

As shown on the map, rates of "deaths of despair"—those related to substance use or suicide—vary throughout the KPWA region and generally are higher in more rural areas. In 2015, suicide rates were highest in Whitman, Benton, Spokane, and Kitsap counties.[4]

The Central service area has the lowest per capita number of mental health providers and the highest percentage of the population reporting insufficient social and emotional support.

	KPWA Service Area: West	Central	East
Mental health providers/100,000 population	303.8	191.1	215.9
Adults reporting insufficient social & emotional support	16%	18%	16%

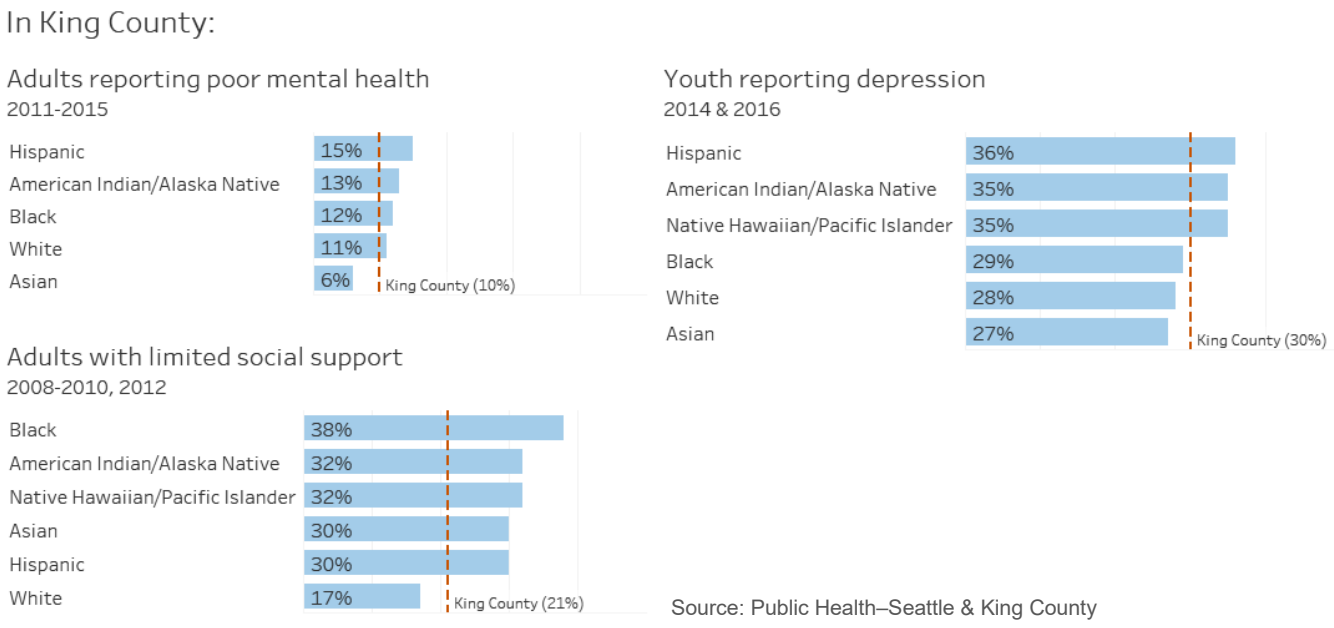
Source: Health Resources & Services Administration, 2016; Behavioral Risk Factor Surveillance Survey, 2006-2012



Source: National Vital Statistics System, 2011-2015

Health disparities among people

Most communities of color in Washington are more likely to report poor mental health than white or Asian residents.[1] In King County, all nonwhite groups report having less social support than whites.



Source: Public Health–Seattle & King County

[4] Washington State Department of Health, Health Statistics [Death]

Access to care

Why it is important

Access to comprehensive, quality health care services—including having insurance, local care options, and a usual source of care—is important for ensuring quality of life for everyone. Health insurance coverage increases use of preventive services and helps ensure people do not delay seeking medical treatment. Having an adequate number of primary care resources in a community is also important, including federally qualified health centers (FQHCs), which serve patients regardless of ability to pay.

Access to care in the Kaiser Permanente Washington region

Washington is one of the states that expanded Medicaid coverage under the Affordable Care Act, and uninsurance rates have declined since the law was implemented. In the KPWA region, 9.6 percent of the population is uninsured, well below the national average of 11.6 percent, and nearly all children in the state are covered. (Percentages are for a five-year period that includes years before the ACA was fully implemented. In Washington State, uninsurance rates have decreased markedly, from 14.0 percent in 2013 to 5.4 percent in 2016. In 2016, children's uninsurance dropped to 2.0 percent.[1])

	KPWA Service Area: West	Central	East
Uninsured population	9.0%	14.6%	9.8%
Uninsured children	4.0%	5.2%	4.6%

Source: American Community Survey, 2012-2016

Factors related to health

- The two counties with the highest uninsured population—Yakima and Benton—also have a high proportion of Hispanic residents. Key informants repeatedly emphasized that fears associated with immigration and documentation status were barriers to accessing health care.
- A lack of providers of color and of cultural sensitivity in care delivery are also seen as hindrances to people getting connected to health services.
- All of the KPWA region has been designated by the Health Resources and Services Administration as a primary care Health Professional Shortage Area, except for the urban areas along the I-5 corridor in King, Pierce, and Snohomish counties. The Central service area has many fewer primary care physicians per capita than the West and East service areas.
- Nearly all communities in the KPWA region are served by at least one FQHC. However, in most areas, fewer than half of the low-income population receive care from an FQHC.[2]
- Transportation is increasingly a barrier to access as more people move further away from services seeking affordable housing. In most KPWA counties public transportation is limited, especially in rural areas.
- Enrolling in benefits and navigating the health care system can be challenging, especially for those with limited English language ability.

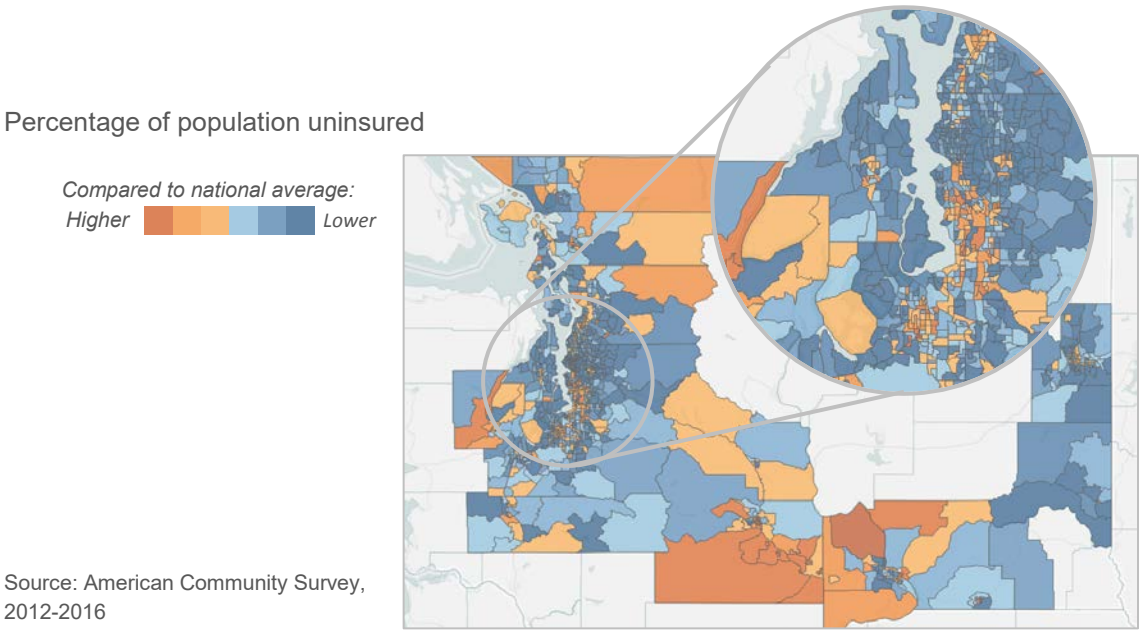
> For immigrant and refugee communities, there will always be concern about federal policy that might hinder their access to public benefits. That has been a real issue the past couple of years.
>
> – Nonprofit organization leader

> It's hard to understand the process of different systems: Medicaid, Medicare, even the bus system—there's paperwork that needs to be filled out and confusion about documentation needed.
>
> – KPWA Community Resource Specialist

[1] Washington State Office of Financial Management, County Uninsured Rates in Washington: 2013-16
[2] Health Resources Administration & American Academy of Family Physicians, UDS Mapper

Health disparities in communities

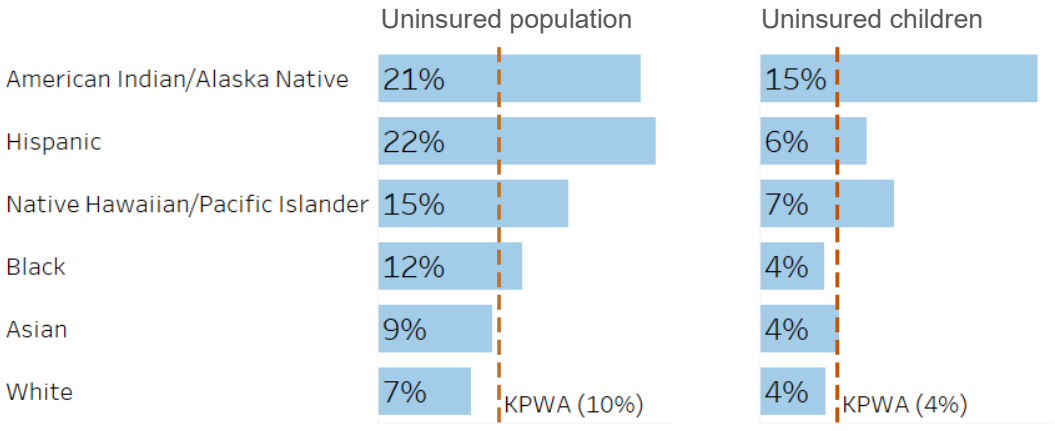
Neighborhoods and communities that experience economic challenges frequently also have higher rates of uninsurance, including south Seattle and King County, Tacoma and Pierce County, most of the Central service area, and Spokane. The map below displays how census tracts in the KPWA region compare with the national percentage for uninsurance.



Source: American Community Survey, 2012-2016

Health disparities among people

Overall, Native American and Hispanic residents have the highest rates of uninsurance in the KPWA region. Rates of uninsurance are comparatively high for Native American children as well. Those receiving care from the Indian Health Service are traditionally counted as uninsured. Even though tribal members are eligible for coverage from Washington's benefit exchange, many have not enrolled. Key informants noted that Hispanic legal residents who live with undocumented family members often are afraid to sign up for benefits for which they are eligible.



Source: American Community Survey, 2012-2016

Healthy eating and active living

Why it is important

The physical environment of a community—such as availability of affordable, fresh food and safe places to be physically active—affects residents' ability to exercise, eat a healthy diet, and a maintain a healthy body weight. Those who have limited access to healthy foods, including from supermarkets, have a higher risk of developing obesity and diabetes. Along with a healthy diet, physical activity is key to preventing and reducing complications of diabetes and other chronic diseases.

Healthy eating and active living in the Kaiser Permanente Washington region

In the KPWA region, approximately a quarter of adults are obese; obesity rates are lowest in the West service area and approaching 30 percent in the Central service area, where rates of physical inactivity are also high. In general, rural areas in the region, particularly in the Central service area, have fewer walkable destinations or convenient parks and recreational facilities. People in these areas also live further away from grocery stores and supermarkets. Some urban neighborhoods, especially those with more low-income households, also lack convenient access to healthy foods.[1]

	KPWA Service Area: West	Central	East
Adult obesity	25.6%	29.9%	27.5%
Adult physical inactivity	15.8%	20.3%	17.5%

Source: American Community Survey, 2012-2016

Factors related to health

- Statewide, adult obesity rates increased from 10 percent in 1990 to 26 percent in 2010 and remained stable from 2011 to 2016.[2]
- Among Washington adults, consumption of fresh fruits and vegetables and levels of physical activity increase as levels of income and education increase.[2]
- In Washington, around 12 percent of 10th graders are obese. Youth obesity rates increased slowly between 2002 and 2016.[2]
- Key informants described a lack of access to healthy food, a physical environment and culture that does not promote physical activity, along with the reality of co-occurring morbidities associated with obesity, as factors preventing community members from maintaining a healthy weight. Behavioral health issues can make it hard for people to address other conditions like obesity, hypertension, or diabetes.
- KPWA Community Resource Specialists noted that many low-income patients rely on food pantries that often do not offer the healthiest food choices, making it difficult to manage chronic conditions like diabetes.

> We have beautiful green spaces and parks but they're not always easy to get to, especially for people on the margins.
>
> – County agency director

> [Looking] at communities of color, it's a food desert … people then feed children what they can afford so they're not hungry.
>
> – State agency leader

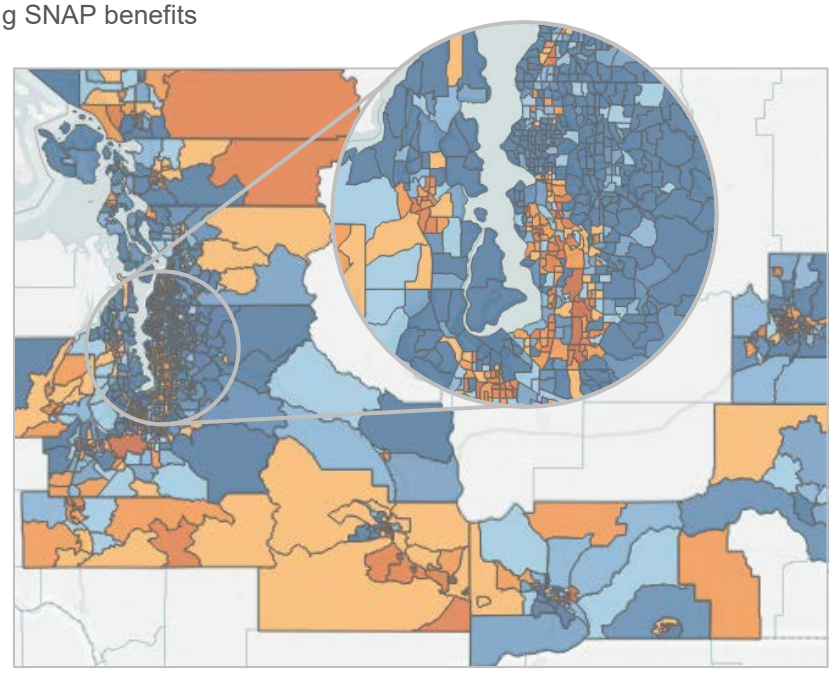
[1] U.S. Department of Agriculture, Low Income and Low Access Census Tracts, 2015
[2] Washington State Department of Health, 2018 Washington State Health Assessment

Health disparities in communities

Many KPWA region community members rely on federal food assistance to help them afford healthy foods, including those living in south Seattle and King County, Tacoma and Pierce County, most of the Central service area, and Spokane. The map displays how census tracts in the KPWA region compare with the national percentage for enrollment in the Supplemental Nutrition Assistance Program (SNAP).

Percentage of households receiving SNAP benefits

Compared to national average:
Higher *Lower*

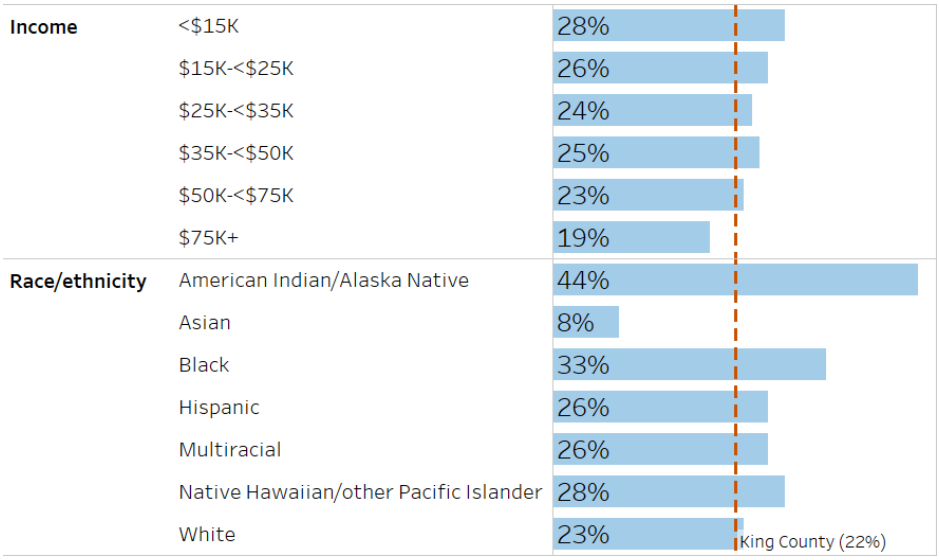


Source: American Community Survey, 2012-2016

Health disparities among people

Blacks, Hispanics, Native Americans, and adults with low incomes or less education are more likely to be obese compared to other Washingtonians.[2] These differences are reflected in obesity rates for King County.

Adult obesity, King County, 2011-2015



Source: Public Health–Seattle & King County

Unhealthy substance use

Why it is important

Substance abuse (including tobacco and alcohol) has a major impact on individuals, families, and communities. Excessive drinking can have long-term health risks, such as hypertension, heart disease, and liver disease; it also is a factor in traffic fatalities, domestic violence, and risky sexual behaviors. While tobacco use has steadily declined over several decades, it is still the number one cause of preventable death. Opioid use and overdose deaths have emerged as a public health crisis both nationally and in the KPWA region and are considered a key factor in the recent decline in U.S. life expectancy.

Unhealthy substance use in the Kaiser Permanente Washington region

Cigarette smoking has been steadily declining for over 25 years in Washington; smoking rates are lower than the state average in the West service area and higher in the East and Central service areas. Informants with experience in substance abuse prevention note that alcohol continues to be the number one substance misused in Washington, including by youth. Rates of excessive drinking are highest in the West service area.

	KPWA Service Area: West	Central	East
Excessive drinking (Adults)	20.2%	18.6%	18.3%
Current smokers (Adults)	15.8%	20.3%	17.5%

Source: Behavioral Risk Factor Surveillance System, 2015

Factors related to health

- Most key informants mentioned substance abuse/tobacco and chemical dependency as an important issue area. The opioid crisis in particular was brought up as both a current concern and something that is anticipated to grow in severity over time.
- Respondents also indicated that even as attention to opioids increases, other substances—such as alcohol, tobacco, and methamphetamines—remain problems. Smoking and drug use during pregnancy was also said to be worsening.
- Key informants stressed that chemical dependency and mental health issues were co-occurring in many instances, along with other morbidities. They also noted disparities in incidence rates and treatment available for people by race, ethnicity, and sexual orientation.
- Excessive alcohol consumption among adults has been declining in Washington since 2011.[1] From 2012-2016, around a third of traffic fatalities in the state involved at least one driver who had been drinking. In the KPWA region, the percentage of alcohol-involved traffic fatalities was notably higher in Columbia, Yakima, and San Juan counties.[2]
- While smoking rates are relatively low, there are increasing concerns about e-cigarette usage among teenagers, especially boys. During the 2017-2018 school year in Seattle Public Schools, 90 percent of tobacco and nicotine violations were for vaping.[3]

> Marijuana and opioids have people's attention and no one is paying attention to alcohol any more. Issues continue to be problems, but they fall off the radar.
>
> – County agency director

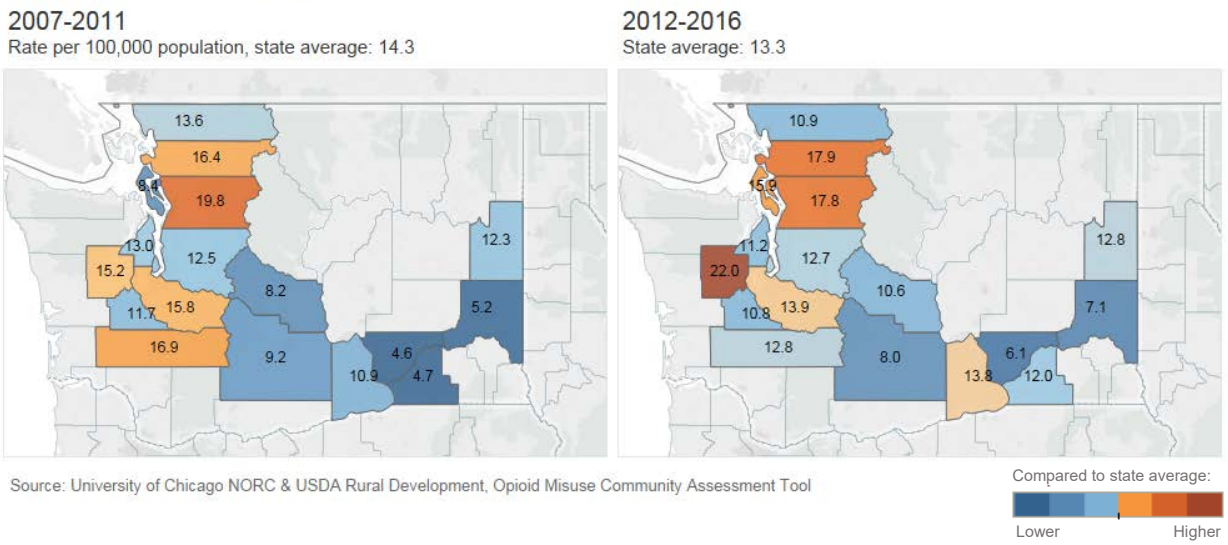
> Once depression/anxiety becomes unbearable, drugs become an easy answer to numb whatever is going on.
>
> – KPWA Community Resource Specialist

[1] Washington State Department of Health, 2018 Washington State Health Assessment
[2] Washington State Department of Social & Health Services, Risk and Protection Profile for Substance Abuse Prevention in Washington State
[3] *Seattle experts say restrictions on vaping must go further*, KUOW, Nov 21, 2018

Health disparities in communities

In Washington, around two-thirds of drug overdose deaths involve an opioid (prescription or heroin).[1] Opioid overdose mortality rates are particularly high in Snohomish, Skagit, Mason, and Pierce counties. Rates in Snohomish County may be leveling off, in part because of a multi-agency response that treats opioid addiction as a public health disaster.[4]

Opioid overdose deaths

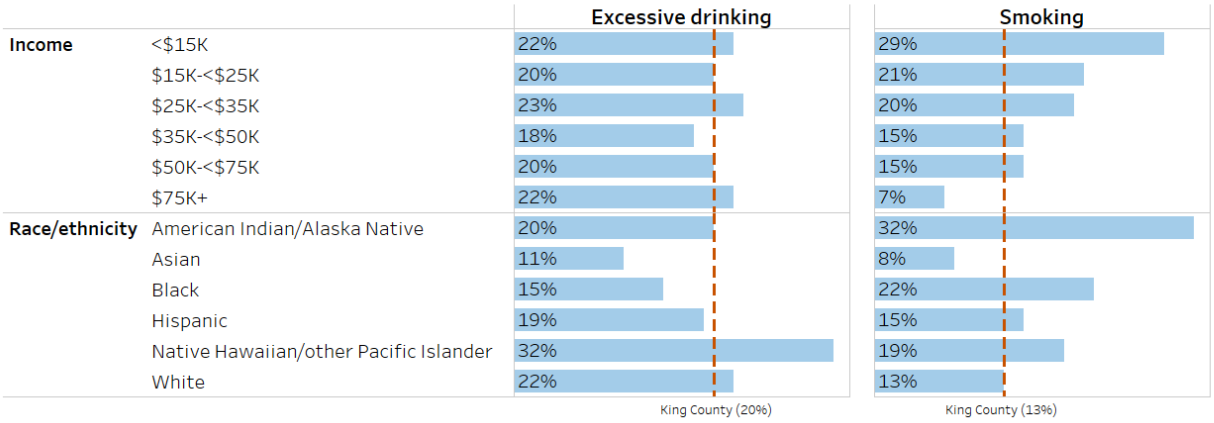


Health disparities among people

Statewide, Asians, blacks, and Hispanics reported lower binge drinking compared to whites. Native Americans and people with low incomes or less education are more likely to smoke and use e-cigarettes than are other Washingtonians.[1] These differences are illustrated in excessive drinking and smoking rates for King County adults.

Adult excessive drinking and cigarette smoking, 2011-2015

In King County:



Source: Public Health–Seattle & King County

[4] *A Rural Community Decided to Treat Its Opioid Problem Like a Natural Disaster*, NPR, Oct 28, 2018; Snohomish County Multi-Agency Coordination Group

Climate and health

Why it is important

Climate change and particulate air pollution from burning fossil fuels are recognized as urgent threats to the health of the planet and its inhabitants. More frequent and intense weather and climate-related events are expected to threaten community infrastructure and regional economies. Warmer winters have reduced snowpack in the Pacific Northwest, increasing wildfire risk in the KPWA region. Wildfires are both a result of and contributor to climate change, by releasing carbon into the atmosphere and reducing the amount of forest available to sequester carbon. While globally particulate air pollution has been described as the greatest threat to human health, in the United States, life expectancy has increased since air pollution standards were enacted in the 1970s.[1] Nonetheless, air pollution is associated with increased risk of both respiratory and cardiovascular disease.

Climate and health in the Kaiser Permanente Washington region

Air pollution levels are comparatively high in the East service area, including agriculture-related pollution; farm workers are particularly susceptible to pesticide exposure. While energy production is the primary source of particulate pollution, vehicle emissions contribute as well. Currently around 72 percent of workers in the KPWA region drive alone to work, with 36 percent driving alone long distances.

	KPWA Service Area:		
	West	Central	East
Particulate matter 2.5 ($PM_{2.5}$) levels (days above national standard)	7%	8%	11%
Driving alone to work long distances	40%	18%	23%

Source: National Environmental Public Health Tracking Network 2014; American Community Survey, 2012-2016

Factors related to health

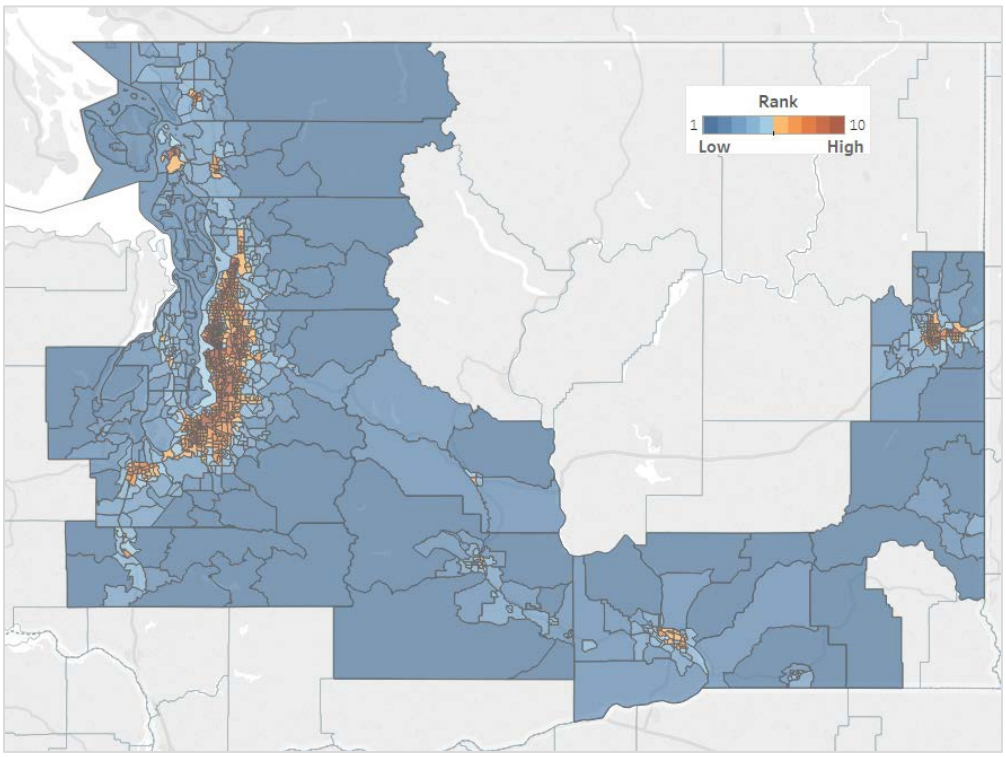
- Air pollution is associated with increased asthma rates and can aggravate asthma and other lung diseases. In the KPWA region, asthma prevalence is higher in the Central and East service areas.
- Key informants noted that water quality is a concern in both urban and rural areas. Agricultural runoff can affect drinking water quality. One informant reported that river pollution in the Seattle area affects those who catch fish for survival.
- During wildfire seasons, $PM_{2.5}$ levels have reached levels considered hazardous by the Washington Air Quality Advisory. Hospital and outpatient visits for asthma and other respiratory ailments also were higher.[2]
- Pesticide exposure is another environmental hazard in Washington. In the KPWA region, reported pesticide illness from agricultural drift was highest in Yakima County: 48 cases during 2013-2015 (20 percent of the state total).[3]

[1] Energy Policy Institute at the University of Chicago, Introducing the Air Quality Life Index, 2018
[2] Washington State Department of Health, 2018 Washington State Health Assessment
[3] Washington Tracking Network

Health disparities in communities

Diesel exhaust has been linked to cancer, asthma, and other respiratory diseases. Residents of KPWA urban areas are more likely to be exposed to nitrogen oxides (NOx) in diesel emissions. The map below shows levels of exposure from highest to lowest in the region.

NOx-diesel emissions (annual tons per square kilometer), 2014



Source: Washington Tracking Network

Health disparities among people

Certain neighborhoods of Seattle with high concentrations of low income households and communities of color have been targeted for reduction of pollution. In these areas life expectancy is as much as 13 years lower than in wealthy, mostly white neighborhoods.[4]

Key informants spoke of the effect of air pollution on certain populations, including migrant farmworkers. This was of particular concern in eastern and central Washington, as well as for people with limited understanding of English who may not understand and be able to heed fire-related evacuation warnings until it's too late to leave.

> Climate is a big concern with wildfires that disproportionately affect migrant communities in eastern Washington—people who didn't speak English didn't get notices in a timely manner; they were having to flee at a moment's notice and then lost everything.
>
> – State agency leader

[4] *'South Park and Georgetown have shouldered the burden of environmental injustice for decades'*, KUOW, Jun 27, 2018

Appendix D. Community resources

Identified need	Resource provider name	Summary description
Economic security	Washington State Opportunity Scholarship	The Washington State Opportunity Scholarship (WSOS) helps low- and middle-income Washington state residents earn their bachelor's degrees in the high-demand fields of science, technology, engineering, math (STEM) and health care. Created by the Washington State Legislature's Opportunity Scholarship Act, the WSOS is a public-private partnership that commits the state to match every private dollar raised. https://www.waopportunityscholarship.org/
	Forterra	Forterra's mission is to protect, enhance and steward the Puget Sound region's most precious resources: its communities and its landscapes. Since 1989, Forterra has led efforts to secure more than 250,000 acres of wildland in forests, shorelines, parks and green spaces, as well as restore and steward critical wildlife habitat across the region. https://forterra.org/
Mental health	Chad's Legacy	Chad's Legacy is an organization created by Todd and Laura Crooks after the loss of their oldest son, Chad. He battled Schizophrenia and, at 21 years of age, lost his battle. He died by suicide**. T**he Chad's Legacy Project has outlined three key areas of opportunity in the world of mental health: mental health education, especially in high schools; access and coordination of care; and research to create enhanced therapies. https://www.chadslegacy.org/
	National Alliance for Mental Illness (NAMI)	NAMI's mission is to improve the quality of life for individuals with severe mental illnesses and their families. NAMI is dedicated to providing education, support and advocacy for individuals with mental illnesses, their families and the wider community. https://www.nami.org/
	Forefront	Forefront Suicide Prevention is dedicated to preventing suicide through advocacy, education and systemic change. It is housed at the University of Washington School of Social Work and operates as an independent entity. Its mission is to empower individuals and communities to take sustainable action to prevent suicide, champion systemic change, and restore hope. http://www.intheforefront.org/
Healthy eating & active living	Food Lifeline	Founded in 1979, Food Lifeline's mission is to end hunger in Western Washington, mobilize resources and engage communities. Nearly 40% of the food produced in our country ends up in a landfill, while millions of people go hungry. Food Lifeline feeds hungry families by working with the food industry "from farm to fork" to rescue unmarketable food at all stages of the food chain and then creates innovative solutions and programs to meet the need. https://foodlifeline.org/
	Alliance for a Healthier Generation	The Alliance for a Healthier Generation's mission is to reduce the prevalence of childhood obesity and to empower kids to develop lifelong, healthy habits. The Alliance partners with schools and communities to improve environments that foster healthy eating and active living; supports the development and sustainability of healthier marketplaces; informs public policy; and pursues strategic partnerships with youth-serving organizations. https://www.healthiergeneration.org/
	Second Harvest	Second Harvest brings together community resources to feed people in need through empowerment, education and partnerships. With offices in Spokane and Pasco, the organization serves as the charitable food distribution hub for 21 counties across Eastern Washington and five counties in Northern Idaho. https://2-harvest.org/
Access to care	WA School-based Health Alliance	Located in Seattle, the Washington School-based Health Alliance's (WASBHA) mission is to advance and advocate for school-based health care to ensure the health and academic success of children and youth statewide. The WASBHA advocates for policies; creates community and stakeholder support; and builds capacity within the field to promote and sustain school health care services. https://wasbha.org/

Identified need	Resource provider name	Summary description
	Project Access	Project Access is a non-profit organization connecting low income and uninsured individuals to the healthcare they need. Pierce County Project Access serves Pierce County residents (https://pcmswa.org/pcpa), while Project Access Northwest partners with hospital systems and multi-specialty medical groups throughout King, Kitsap and Snohomish counties (https://projectaccessnw.org/)
	WithinReach	WithinReach works across all counties in Washington state building pathways to make it easier for families to navigate the state's complex health and social service systems and connect with the resources they need to be healthy and safe. http://www.withinreachwa.org/
Unhealthy substance use	Crisis Connections	Crisis Connections was founded in 1964. It is one of the oldest Crisis Lines in the nation, and home to five programs focused on serving the emotional and physical needs of individuals across Washington State. These programs include the 24-Hour Crisis Line, King County 2-1-1, Teen Link, WA Recovery Help Line and WA Warm Line. https://www.crisisconnections.org/
	Childhaven	Childhaven heals children and families to stop the cycle of abuse and neglect. It serves families from 44 zip codes in King county through offices in Seattle, Auburn, and Burien. Its Continuum of Care treatment model benefits children and families who have experienced or are likely to experience trauma, providing intervention and prevention services. https://childhaven.org/
	Community Prevention & Wellness Initiative (CPWI)	The goal of this initiative, administered by the state Department of Social and Health Services/Division of Behavioral Health and Recovery (DBHR) and local prevention coalitions, is to support proven strategies and sustainable funding that will have long-term, positive impacts on families and communities. CPWI programs are implemented through active partnerships with county governments, Educational Service Districts, local school districts, and the Office of the Superintendent of Public Instruction. Services are available in 52 communities, located in all 39 counties and nine educational service districts. https://www.theathenaforum.org/community_prevention_and_wellness_initiative_cpwi
Climate & health	Trust for Public Land	Since 1972, The Trust for Public Land has worked with community and city partners to create, preserve, and revitalize iconic parks and public spaces. Through its Parks for People program, The Trust for Public Land partners with city partners and community members in cities across the state to activate parks that will maximize multiple community benefits for those who need them most. https://www.tpl.org/
	EarthLab	EarthLab envisions a world where nature and people thrive. Part research engine and part community catalyst, EarthLab engages public, private, nonprofit and academic sectors in a shared and ongoing conversation that converts knowledge to action. Together, they identify the places where life on our planet is at greatest risk and co-create solutions that make a real impact on people's lives and livelihoods. https://earthlab.uw.edu/
	Got Green	Got Green organizes for environmental, racial, and economic justice as a South Seattle-based grassroots organization led by people of color and low-income people. It cultivates multi-generational community leaders to be central voices in the Green Movement in order to ensure that the benefits of the green movement and green economy (green jobs, healthy food, energy efficient & healthy homes, public transit) reach low income communities and communities of color. https://gotgreenseattle.org/

Appendix E. Leading causes of death, KPWA regions by county

Age-adjusted rates per 100,000 population, 2015

	West								
	Island	King	Kitsap	Lewis	Pierce	Skagit	Snohomish	Thurston	Whatcom
Cancer	151.0	142.5	144.0	190.3	170.3	152.0	169.8	154.0	154.8
Heart disease	140.9	122.3	123.7	186.3	156.0	131.1	139.0	149.0	129.8
Alzheimer's disease	42.3	44.3	41.4	50.0	43.5	54.9	47.6	42.1	43.5
Accidents	41.8	33.5	39.7	55.2	45.3	45.6	42.9	40.2	32.3
Chronic lung disease	26.5	28.5	36.3	48.9	46.5	46.1	40.3	47.2	30.5
Stroke	34.2	30.3	27.5	43.1	34.5	35.1	31.4	31.9	41.5
Diabetes	20.6	17.9	17.5	23.2	22.9	17.6	25.6	21.7	21.5
Suicide	16.7	11.7	19.8	18.0	17.6	14.7	14.6	16.9	15.2
Liver disease	15.7	10.1	15.0	19.6	13.6	18.6	11.7	9.6	9.5
Flu & pneumonia	5.9	9.2	15.2	15.7	13.4	13.7	8.4	9.7	12.5

	Central					East	
	Benton	Franklin	Kittitas	Walla Walla	Yakima	Spokane	Whitman
Cancer	149.1	120.3	152.4	149.3	156.7	170.5	142.4
Heart disease	161.8	115.3	146.4	124.7	156.1	142.4	212.0
Alzheimer's disease	74.7	79.5	32.0	53.7	39.3	51.9	68.1
Accidents	47.4	31.4	44.2	46.2	48.1	64.6	43.5
Chronic lung disease	39.9	26.5	49.2	22.2	40.5	56.2	50.4
Stroke	25.8	48.1	25.2	30.3	39.2	46.0	66.9
Diabetes	29.2	32.9	26.9	36.1	22.5	29.6	13.9
Suicide	21.2	11.5		9.6	16.3	20.6	24.0
Liver disease	11.7	14.7	12.1	14.7	16.2	16.2	
Flu & pneumonia	7.4		11.4	10.7	13.6	13.6	19.6

Rates for San Juan County (West Service Area) and Columbia County (Central Service Area) are not included because of small population; rates are not calculated for a particular cause if the number of deaths is less than 5

Source: Washington State Department of Health

Appendix F. Primary data collection protocols

Professional/Organizational Stakeholder Interview Protocol

1. How long have you been with [*organization*]?

2. How would you describe what you do at [*organization*] and the community you serve?

   Follow up if not addressed: What are the specific geographic areas and/or populations served?

3. How would you describe the health of this community?

   3a. What are the healthiest characteristics of this community?
   PROBE: What supports people in leading healthier lives?

   3b. What are the biggest health issues and/or conditions your community struggles with?
   PROBE: What do you think creates these issues (e.g., economic factors, societal/social factors, environmental factors)?

4. Health data from [LOCATION] show that [HEALTH NEED], [HEALTH NEED], and [HEALTH NEED] are areas of concern. What is your perspective on this?

   4a. Are there certain people or communities that seem to be affected by these issues more than others?

5. Of the health issues that have come up in our conversation, which would you say are the most important or urgent to address?

6. What resources exist in the community to help people lead healthy lives?

   6a. What services does [*your organization*] provide to help meet those needs?

7. What do you see as the major gaps or challenges in meeting the needs you've identified?
   PROBE: For example, magnitude of problem, lack of resources

   7a: Are there other initiatives under way that you know about that help fill these gaps?

8. Who are the individuals or organizations that are important in connecting the populations you serve to community resources that support [*most important health need articulated from Q5*]?

9. What do you see as other health-related issues of growing concern in the community you serve?

10. Are there any other thoughts or information you would like to share that we have not already discussed?

Community Resource Specialist Focus Group Protocol

1. How would you describe the community you serve?

   Follow up if not addressed: What are the specific geographic areas and/or populations served?

2. How would you describe the health of your community?

   2a. What are the healthiest characteristics of this community?
   PROBE: What supports people in leading healthier lives?

   2b. What are the biggest health issues and/or conditions people in your community struggle with?
   PROBE: What do you think creates these issues (e.g., economic factors, societal/social factors, environmental factors)?

   2c. Are there certain people or communities that seem to be affected by these issues more than others?

3. Of the health issues that have come up in our discussion today, which would you say are the most important or urgent to address?

4. What resources are there in your community to help people lead healthy lives?

   Follow up if not addressed: Are there formal organizations you can think of?
   PROBES: Government agencies, community-based organizations, faith-based organizations

   Follow up if not addressed: Are there informal resources you can think of?
   PROBES: Teachers/coaches, community leaders, parents/elders, clergy

   4a: Are there any challenges or barriers to accessing these resources? What would make it easier?

5. What do you think gets in the way of people living healthy lives?
   PROBE: For example, economic factors, societal/social factors, environmental factors

6. What do you think is needed to improve the health of people in your community?

   6a: What can community organizations or the community resources you all mentioned earlier do to improve health in your community?

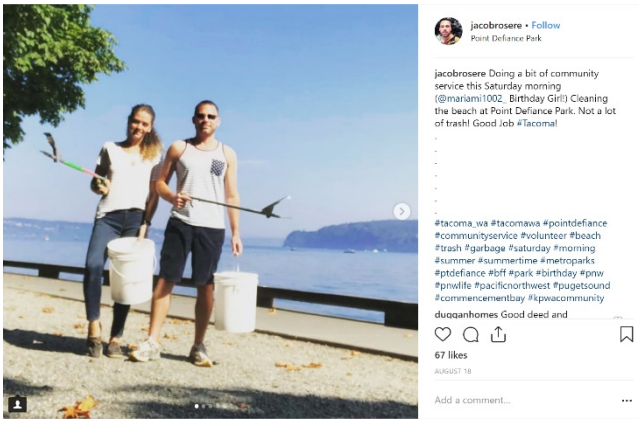
   6b. What can Kaiser Permanente do?

7. What do you see as other health-related issues of growing concern in the community you serve? Anything on the horizon that might not be on people's radar yet?

8. Are there any other thoughts or information you would like to share that we have not already talked about?

Appendix G. Examples of images gathered from community input

Photo storytelling via Instagram



Community events